

“(4) DEFINITION OF DEMONSTRATION PROJECT.—In this subsection, the term ‘demonstration project’ means a demonstration project or similar project (including any project similar to a project authorized under any of sections 1103 through 1108 of the Intermodal Surface Transportation Efficiency Act of 1991 (105 Stat. 2027)) that is funded from the Highway Trust Fund (other than the Mass Transit Account) and authorized under—

“(A) the Intermodal Surface Transportation Efficiency Act of 1997; or

“(B) any law enacted after the date of enactment of that Act.”.

SNOWE AMENDMENTS NOS. 1727–1729

(Ordered to lie on the table.)

Ms. SNOWE submitted three amendments intended to be proposed by her to amendment No. 1676 proposed by Mr. CHAFEE to the bill, S. 1173, supra; as follows:

AMENDMENT No. 1727

On page 309, strike line 3 and insert the following: designated Route.

SEC. 18 . VEHICLE WEIGHT LIMITATIONS ON CERTAIN PORTIONS OF INTERSTATE SYSTEM.

Section 127(a) of title 23, United States Code, is amended by adding at the end the following: “With respect to Interstate Route 95 in the State of New Hampshire, State laws (including regulations) concerning vehicle weight limitations that were in effect on January 1, 1987, and are applicable to State highways other than the Interstate System, shall be applicable in lieu of the requirements of this subsection. With respect to that portion of the Maine Turnpike designated Interstate Route 95 and 495, and that portion of Interstate Route 95 from the southern terminus of the Maine Turnpike to the New Hampshire State line, laws (including regulations) of the State of Maine concerning vehicle weight limitations that were in effect on October 1, 1995, and are applicable to State highways other than the Interstate System, shall be applicable in lieu of the requirements of this subsection.”.

AMENDMENT No. 1728

On page 309, between lines 3 and 4, insert the following:

SEC. 18 . FUNDING TRANSFER.

The Intermodal Surface Transportation Efficiency Act of 1991 is amended—

(1) in the table contained in section 1103(b) (105 Stat. 2027), in item 9, by striking “32.1” and inserting “25.1”; and

(2) in the table contained in section 1104(b) (105 Stat. 2029)—

(A) in item 27, by striking “10.5” and inserting “12.5”; and

(B) in item 44, by striking “10.0” and inserting “15.0”.

AMENDMENT No. 1729

SEC. . NHTSA ACCIDENT PREVENTION EDUCATION EFFORT.

Section 402(a) of title 23, United States Code, is amended by striking “(4) to reduce deaths” and inserting “(4) to prevent accidents and reduce deaths”.

AUTHORITY FOR COMMITTEE TO MEET

COMMITTEE ON THE JUDICIARY

Mr. CHAFEE. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized

to meet during the session of the Senate on Friday, March 6, 1998, at 9:30 a.m. in room 226 of the Senate Dirksen Office Building to hold a hearing on “S. 1530, the Protection Act: Civil Liability Provisions.”

The PRESIDING OFFICER. Without objection, it is so ordered.

ADDITIONAL STATEMENTS

HEALTH CARE QUEST ACT

• Mr. LIEBERMAN. Mr. President, I am pleased to join with Senator JEFFORDS to announce the introduction of the Health Care Quest Act. Last year, he and I worked together on a bill to improve the quality of health care purchased by the federal government for Medicare, Medicaid, TRICARE, and VA beneficiaries. The Health Care Quest Act extends our effort to improve health care quality to the more than 100 million beneficiaries in private sector plans.

For millions of these individuals, passage of the bill will bring for the first time rights for external appeals when their plan denies payment for medical treatments. The appeals process will be available to any person who thinks they were wrongly denied coverage, and gives them the right of appeal to an impartial body outside the health plan with a decision guaranteed on a timely basis. A timely decision is crucial to a sick person or parent of a child with an illness and this bill sets out very specific timeliness the health plan must meet for the appeal.

The bill guarantees reimbursement for people who go to the emergency room thinking they are sick. Without enactment, a father who goes to the emergency room because he thinks that he is having a heart attack could be left with thousands of dollars of bills. I think that we can rely on the wisdom of people to decide when they need to go to the hospital. a person with a medical emergency should not have to wait to be buzzed in to the emergency room by a managed care bureaucrat hundreds of miles away. Medical care is more serious than admitting visitors to an apartment building.

Patients should expect physicians to recommend the best treatment options and serve as their advocates. Protections from so-called “gag clauses” were included in last year’s Balance Budget Act for Medicare beneficiaries. We are extending these protections to beneficiaries of private sector plans.

One distinctive feature of the Health Care Quest Act is its focus on empowering purchasers, providers, and consumers with useful information about their health care. At the center of this effort is a new health care quality advisory body to follow up on the good work conducted by the President’s Advisory Commission. The Health Quality Council will continuously update and expand the comparative measures of quality available to drive competition

based on value. If the new grievance process in the bill provides a floor under quality, the new information requirements point consumers toward the best care available.

I would like to end with a comment on the need for quality legislation. A recent poll by the Kaiser Family Foundation and Harvard University found that close to half of Americans—48 percent—report they personally, or someone they know, have experienced problems such as lack of information, problems with access to specialists, disputes over emergency room coverage, or no recourse to external grievance procedure.

Low-quality health care’s tragic result is sobering, 34.7% children in HMO’s not immunized in 1996. 1,600 unnecessary cardiac deaths occurred among 57 million HMO enrollees because a common treatment for heart attacks (beta-blockers) was not used appropriately. 1,200 breast cancers undetected resulting in 1,800 years of life that could have been saved.

Quality is often an issue of where you get your care with wide variations at sites within easy driving distance of each other. One of the premier hospitals in Connecticut, Yale-Haven, discharges over 92% of its heart attack victims alive—despite taking sicker patients with more health problems. Other hospitals within a thirty-minute drive have survival rates as much as 10 percent lower. Yet few patients know their choice of destination may be a life-and-death decision.

The Health Care Quest Act attacks these deadly problems. After it is enacted, a Connecticut resident with an emergency can go to a hospital armed with information, and once there expect their care to be covered by their insurer. If they have a problem they will be get an appeal. And each day they are healthy, a Health Quality Council will be working to make sure the best possible health system is there when they need it.●

UNANIMOUS-CONSENT AGREEMENT—S. 1668

Mr. LOTT. Mr. President, I ask unanimous consent that the majority leader, after consultation with the Democratic leader, may proceed to the consideration of S. 1668, relating to disclosure of certain classified information. I further ask unanimous consent that there be 20 minutes for debate on the bill, equally divided between the chairman and ranking member. I ask unanimous consent that no amendments or motions be in order to the bill and, at the conclusion or yielding back of debate time, the bill be read the third time and set aside. I finally ask unanimous consent that a vote on passage of S. 1668 occur at a time to be determined by the majority leader, after consultation with the Democratic leader.

The PRESIDING OFFICER. Without objection, it is so ordered.